

# Proposed 1115 Waiver Amendments

August 2008

**1. Prohibit children from enrolling in CHIP if their parents qualify for Utah's Premium Partnership for Health Insurance (UPP) [required by HB 133]**

*Proposal:* If a parent is enrolled in UPP, then their children are only eligible for UPP.

*Status:* CMS staff have expressed serious concerns about the benefits the children would receive on private plans. This proposal violates several federal regulations.

*Planned Implementation Date:* Uncertain given CMS opposition

**2. Expand UPP to individual policies [required by HB 133]**

*Proposal:* Allow UPP to create a range of payments for individual policies because these plans charge different premiums by age. Under current scenarios, the maximum payment for someone in their 20s would be over \$100/month, while the maximum payment for someone in their early 60s would be almost \$500/month. The payments across age groups would average \$180/month.

*Status:* CMS staff have been generally supportive.

*Planned Implementation Date:* July 1, 2009

**3. Expand UPP to cover individuals going into HIPUtah**

*Proposal:* Allow age-based subsidy for low-income clients who enroll in HIPUtah. There would be no maximum deductible requirement for HIPUtah plans.

*Status:* CMS staff have been generally supportive.

*Planned Implementation Date:* July 1, 2009

**4. Expand UPP to cover individuals going into COBRA**

*Proposal:* Allow subsidy for low-income clients who select COBRA. For individuals who lose their jobs and apply for COBRA, the amendment would remove the 50 percent employer contribution requirement for the employee premium of an employer-sponsored plan.

*Status:* CMS staff have been generally supportive.

*Planned Implementation Date:* July 1, 2009

**5. Extend CHIP and UPP crowd out requirement from 90 days to 6 months**

*Proposal:* Increase the amount of time a client must go without health insurance after they voluntarily drop their coverage in order to be eligible for CHIP or UPP from 90 days to 6 months. Existing exceptions to the crowd out requirement would remain (e.g., loss of job, etc.).

*Status:* CMS staff have been generally supportive.

*Planned Implementation Date:* July 1, 2009

**6. Access a portion of DSH allotment if necessary**

*Proposal:* Create an option that would allow the State to shift some Disproportionate Share Hospital (DSH) funding to the waiver, if UPP enrollment increased up to current federal cost limits. The federal government awarded Utah DSH increases over the last recent years and this option would target the final year increase. If there is no need for the shift, then these DSH funds would remain with the hospitals.

*Status:* TBD, likely favorable due to previous CMS initiatives (i.e., Affordable Choices)

*Planned Implementation Date:* July 1, 2009

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